

Unmet Supportive Care Needs And Quality Of Life Of Family Caregivers For Home-Dwelling People With Dementia In Korea

P2-10

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Dahee Kim¹, Hyun-Ju Seo^{2*}, Hyejeong Yang¹

•¹College of Nursing, Graduate School of Chungnam National University, Daejeon, Republic of Korea

•²College of Nursing, Chungnam National University, Daejeon, Republic of Korea

BrainKorea21FOUR

CHUNGNAM NATIONAL UNIVERSITY

충남대학교

- Greater unmet supportive care needs among people with dementia (PwD) were associated with lower quality of life (QoL) among family caregivers.
- Unmet supportive care needs remained significantly associated with caregiver QoL after adjusting for caregiver and care recipient characteristics.
- Unmet supportive care needs may represent a potentially modifiable factor associated with caregiver QoL.

INTRODUCTION

- As the number of people with dementia (PwD) continues to increase worldwide, family caregivers play a central role in community dementia care [1].
- Caregivers’ quality of life (QoL) is an important indicator of caregiver well-being and sustainable dementia care [2].
- Although unmet supportive care needs among PwD have been associated with adverse outcomes and increased caregiver burden [3], their relationship with caregivers’ QoL remains unclear.

Study Aim

- Assess unmet supportive care needs & Caregiver QoL
- Identify QoL-related factors
- Examine unmet needs–QoL association

METHODS

Study design

- Cross-sectional survey

Participants

- N = 127 family caregivers of community-dwelling PwD
- Recruited from through public dementia management centers and day-care centers in 7 regions in South Korea
- Data collected: Sep 2025–Apr 2026

Measures

QoL	K-WHOQOL-BREF [4] (26 items) • 0–100 (higher = better)
Unmet supportive care needs	K-CANE [5] (24 items ; 22 PwD items) • 0–22 (higher = greater unmet needs)
Covariates	• Caregiver: Age, sex, relationship, co-residence, residence area, income, health • Care recipient: Age, sex, dependency • Caregiving: Duration of caregiving, caregiving hours/day

Analysis

- Descriptive statistics
- Hierarchical linear regression

Ethics

- IRB approved by Chungnam National University (No. 202506-SB-112-01)

RESULTS

Table 1. Sample Characteristics (N=127)

Variable	n (%)	M±SD ¹ Or Median (IQR) ²
Age		65.86±12.85 ¹
Sex		
Male	31(24.4)	
Female	96(75.6)	
Relationship to care recipient		
Offspring ³	69(54.3)	
Spouse	53(41.7)	
Sibling	5(3.9)	
Co-residence		
Yes	82(64.6)	
No	45(35.4)	
Area of residence		
Urban	109(85.8)	
Rural	18(14.2)	
Monthly household income ⁴		
< \$700	24(18.9)	
\$700-2,000	31(24.4)	
≥ \$2,000	60(47.2)	
Prefer not to answer	12(9.4)	
Perceived health status		
Poor	29(22.8)	
Fair	56(44.1)	
Good	42(33.1)	
Age of care recipient		82.64±7.59 ¹
Sex of care recipient		
Male	51(40.2)	
Female	76(59.8)	
Level of dependency of care recipient		9.00(7.00-11.00) ²
Duration of caregiving (years)		3.50(1.83-6.58) ²
Hours of caregiving per day		8.00(4.00-14.00) ²

- Participants were predominantly female caregivers (75.6%) with a mean age of 65.9 years; most were adult children (54.3%) or spouses (41.7%), and nearly two-thirds co-resided with the care recipient (64.6%).

Table 2. Hierarchical linear regression models for factors associated with QoL (N=113)

Independent variable	Model1	Model2	Model3			
	β	p	β	p	β	p
(Constant)						
Age	0.210	<.001	0.192	0.168	0.110	<.001
Sex						
Female (ref.male)	-0.072	0.380	-0.028	0.737	-0.012	0.882
Relationship to care recipient						
Spouse (ref.others) ^a	0.104	0.540	0.078	0.646	0.193	0.238
Co-residence						
Yes (ref. no)	-0.226*	0.031	-0.110	0.361	-0.133	0.242
Area of residence						
Rural (ref. Urban)	0.106	0.170	0.081	0.289	0.044	0.546
Monthly household income ^b						
< \$700 (ref. ≥\$2,000)	-0.293**	0.002	-0.261**	0.006	-0.225*	0.013
\$700-2,000 (ref≥\$2,000)	-0.376***	<.001	-0.372***	<.001	-0.302**	0.002
Perceived health status						
Poor (ref. Good)	-0.308***	<.001	-0.282**	0.002	-0.237**	0.005
Fair (ref. Good)	-0.491***	<.001	-0.459***	<.001	-0.383***	<.001
Age of care recipient	-0.091	0.368	-0.047	0.651	-0.051	0.602
Sex of care recipient						
Female (ref.male)	0.102	0.253	0.117	0.186	0.169*	0.047
Level of dependency of care recipient						
Duration of caregiving (years)						
Hours of caregiving per day						
Unmet Supportive Care Needs						
R ²	.483		.513		.570	
Adj. R ²	.428		.444		.504	
ΔR ²			.016		.060	
F(p)	8.753(<.001)		7.511(<.001)		8.733(<.001)	

*p <0.05, **p <0.01, ***p <.001

- Greater unmet supportive care needs -> lower caregiver QoL (β = -.318, p < .001).
- Income & perceived health were significant correlates of QoL .
- Model explained 57.0% of QoL variance.

Figure 1. Unmet supportive care needs & QoL

Domain	Mean QoL	Mean unmet needs
Physical	54.94	2.02
Psychological	55.08	0.61
Social	49.21	1.52
Environment	58.21	0.35

- Mean unmet needs = 4.51(4.15) & QoL = 54.36(17.64)

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CONTACT

* Hyun-Ju Seo: hjseo20@cnu.ac.kr

CONCLUSIONS

- Unmet supportive care needs may represent an important factor related to family caregivers’ QoL.
- Assessment of unmet needs may help identify caregivers at risk of poor QoL.
- Family-centered dementia care should consider the unmet needs of both PwD and their caregivers.

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